

AMENDED IN SENATE JULY 2, 2013
AMENDED IN SENATE JUNE 6, 2013
AMENDED IN ASSEMBLY APRIL 18, 2013
AMENDED IN ASSEMBLY APRIL 9, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 411

Introduced by Assembly Member Pan

February 15, 2013

An act to add Section 14029.92 to the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

AB 411, as amended, Pan. Medi-Cal: performance measures.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. Under existing law, one of the methods by which Medi-Cal services are provided is pursuant to contracts with managed care plans.

This bill would require all Medi-Cal managed care plans to link individual level data collected as a part of analyzing their Healthcare Effectiveness Data and Information Set (HEDIS) measures, or their ~~EAS~~ *External Accountability Set (EAS)* performance measure equivalent, to patient identifiers in a manner that allows for an analysis of disparities in medical treatment by certain characteristics and to submit that data to the department annually. The department would be required to make

that individual level data available for research purposes, as specified. The bill would further require the department to stratify, in the aggregate, that data by certain characteristics and to develop a report, which would be published on the department's Internet Web site. The bill would also require the department to identify, based upon that data, any disparities in care provided to all Medi-Cal managed care enrollees on the basis of those characteristics, and notify Medi-Cal managed care plans of any disparities identified. If disparities in care are identified, the bill would require each Medi-Cal managed care plan to analyze its internal data to determine if that disparity in care is present among Medi-Cal managed care enrolled in its plan, and require the Medi-Cal managed care plan to develop and implement a quality ~~improvement~~, *improvement plan*, as specified.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 14029.92 is added to the Welfare and
2 Institutions Code, to read:
3 14029.92. (a) The department shall require all Medi-Cal
4 managed care plans, including county organized health systems
5 and plans contracting with the department to provide services
6 pursuant to two-plan and geographic managed care models, to link
7 all individual level data collected as a part of analyzing their
8 Healthcare Effectiveness Data and Information Set (HEDIS)
9 measures, or their ~~EAS~~ *External Accountability Set (EAS)*
10 performance measure equivalent, to patient identifiers in a manner
11 that allows for an analysis of disparities in medical treatment by
12 geographic region, primary language, race, ethnicity, gender, and,
13 to the extent data is available, by sexual orientation and gender
14 identity, and to provide that information to the department annually.
15 The department shall make this data available, in a format that
16 complies with the Health Insurance Portability and Accountability
17 Act of 1996, for research purposes through a data use or business
18 associate agreement.
19 (b) The department shall stratify, in the aggregate, all HEDIS
20 ~~measures~~ *measures, or their EAS performance measure equivalent*,
21 from the plans described in subdivision (a) by geographic region,
22 primary language, race, ethnicity, gender, and, to the extent data

1 is available, by sexual orientation and gender identity, in order to
2 identify disparities in the quality of care provided to Medi-Cal
3 managed care enrollees based on those factors. The department
4 shall develop a report with this data and publish the report on the
5 department's Internet Web site.

6 (c) (1) The department shall, based upon the data described in
7 subdivision (b), identify disparities in care provided to all Medi-Cal
8 managed care enrollees based upon the factors described in
9 subdivision (b), and notify ~~those~~ *the plans described in subdivision*
10 *(a)* of any disparities identified.

11 (2) If the department identifies any disparities, a plan described
12 in subdivision (a) shall review ~~their~~ *its* administrative data,
13 including, but not limited to, encounter and claims data, to assess
14 whether the disparities identified *by the department* exist among
15 the Medi-Cal managed care enrollees enrolled in its plan.

16 (3) If, upon review of its administrative data, a plan described
17 in subdivision (a) identifies the same disparities identified by the
18 department among the Medi-Cal managed care enrollees enrolled
19 in its plan, the plan shall develop and implement a quality
20 improvement plan to address those disparities. The quality
21 improvement plan may be used to meet existing contractual
22 requirements to develop and implement a quality improvement
23 plan. A quality improvement plan developed and implemented
24 pursuant to this paragraph shall be provided to the department and
25 the department shall publish that plan on the department's Internet
26 Web site.